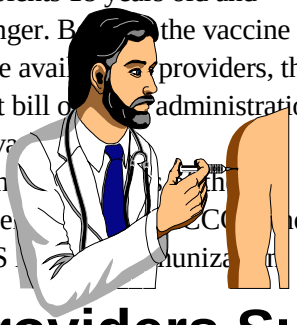
Claims Clues

A Publication of the AHCCCS Claims Department February, 1999

VFC Extended to KidsCare Recipients

The AHCCCS Administration has entered into an agreement with the Arizona Department of Health Services (DHS) that will allow providers to administer immunizations to KidsCare recipients under the federal Vaccines for Children (VFC) program.

Under the VFC program, providers are reimbursed a capped fee for administration of vaccines to Medicaid-eligible (Title XIX) recipients 18 years old and younger. B[illegible] the vaccine is made avai[illegible] providers, they must bill o[illegible] administration of the va[illegible]



Un[illegible] agree[illegible] DHS [illegible]

Program Office will purchase the vaccine and distribute it to providers who render services to KidsCare (Title XXI) recipients). Providers must identify KidsCare recipients on the VFC Immunization Log.

When verifying eligibility, providers can identify KidsCare (Title XXI) recipients by the following rate codes:

6011 - Kids <1 M&F Non-Medicare
6012 - Kids 1-5 M&F Non-Medicare
6013 - Kids 6-13 M&F Non - Medicare
6014 - Kids 14-19 Male Non - Medicare
6015 - Kids 14-19 Female Non-Medicare

When billing for immunizations provided to Medicaid and KidsCare recipients under the VFC program, providers must bill the appropriate CPT code for the immunization with the AHCCCS-specific "VA" modifier that identifies the immunization as part of the VFC program. Providers must bill only for the administration of the vaccine and not for the vaccine itself.

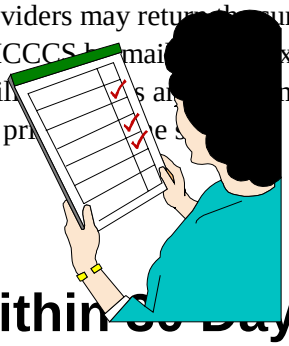
Providers who have questions about the program may contact the AHCCCS Office of the Medical Director at (602) 417-4410. ❒

Providers Surveyed About Customer Service

It's your chance to be heard. The Claims Customer Service Unit is surveying AHCCCS providers to determine how well the unit is meeting the needs of providers. In addition to asking providers to rate the service provided by the unit (often referred to as Provider Services or Provider Assistance), the survey also solicits providers' suggestions for new services.

The one-page survey is attached to this issue of *Claims Clues*.

Providers may retur[illegible] AHCCCS [illegible] mail[illegible]x. The mail[illegible]s a[illegible]mber are pr[illegible]e s[illegible] ❒



Plans Must Pay 90% of Clean Claims Within [illegible] Days

Effective for claims received on and after October 1, 1998, AHCCCS health plans and program contractors must pay 90 per cent of clean claims within 30 days of receipt unless otherwise specified in the contract with a provider.

Health plans and program contractors also must pay 99 per cent of clean claims within 90 days of receipt and 100 per cent of valid clean claims within 12 months of the date of receipt unless the contract with a provider states otherwise.

The payment requirements are in accordance with federal law and will be incorporated into the Arizona Administrative Code (R9-22-705). ❒

Please Complete The Attached Survey

Coding Corner

The AHCCCS Administration has made the following changes to its Reference subsystem:

Provider type 02 (Hospital)

- Add W2101, W2102 effective 10/01/98

Provider type 08 (MD - Physician)

- Add W2101, W2102 effective 10/01/98

Provider type 09 (CNM)

- Add effective 01/01/98: 99217 – 99219, 99221, 99222, 99231, 99232, 99234, 99235, 99238, 99239, 56405, 56420, 56605, 56606, 57500, 57505, 81000 – 81007, 81025, 82948 – 82950, 90742, 92950
- If colposcopy course certificate is on file, the following codes may be billed: 57452, 57454, 57510, 57511

Provider type 10 (Podiatrist)

- Add 17000, 17002 effective 01/01/98

Provider type 11 (Psychologist)

- Add 90801, 90802, 96117 effective 10/01/97

NOTE: Only **neuropsychologists** may bill these codes for non-behavioral health services rendered to AHCCCS recipients.

Provider type 19 (Registered Nurse Practitioner)

- Add 90918 - 90925 effective 01/01/98

Provider type 30 (DME supplier)

- Add 99343 effective 10/01/98

Provider type 31 (DO – Physician-osteopath)

- Add W2101, W2102 effective 10/01/98

Provider type 39 (Habilitation provider)

- Add Z3643, Z3716 effective 10/01/97
- Add Z3645 effective 10/01/98

Provider type 50 (Adult foster care)

- Add Z3133 effective 09/23/98

Provider type 52 (Mental health clinic)

- Add W2101, W2102 effective 10/01/98

Provider type 64 (Detox center)

- Add W2101, W2102 effective 10/01/98

Provider type 74 (Alternative residential facility)

- Add W2101, W2102 effective 10/01/98

Provider type 77 (Mental health rehabilitation)

- Add W2101, W2102 effective 10/01/98 ❒

Only Oral Surgeons May Bill E/M Codes

Only oral surgeons registered as Provider Type 07 - Dentists may use CPT Evaluation and Management (E/M) codes to bill AHCCCS for office visits.

Dentists who are not oral surgeons must use the appropriate HCPCS code ("D" code) to bill for office visits and evaluation services. The codes are:

D0120 Periodic oral examination

D9430 Office visit for observation (during regularly scheduled hours) – no other services performed

D9440 Office visit -- after regularly scheduled hours

D0140 Limited oral evaluation -- problem focused

D0150 Comprehensive oral evaluation

D0160 Detailed and extensive oral examination -- problem focused

Recent "Coding Corner" articles in *Claims Clues* incorrectly indicated that all dentists could bill E/M codes for office visits. ❒

We're on The Web

Claims Clues is now available on the AHCCCS Web site on the Internet.

The Internet address for the AHCCCS home page is www.ahcccs.state.az.us.

To view recent issues of *Claims Clues*, select Resources, then Publications, then Guides & Manuals.

The Web site provides information about AHCCCS programs and services, including KidsCare. ❒